

PERSONAL ACCIDENT & SICKNESS ENQUIRY FORM

BROKER DETAILS

Contact Name	
Telephone No	
E-Mail	
Broker Name	
Broker Address	

POLICYHOLDER DETAILS

Company Name	
Postal Address	
Risk Address	
Tel No.	
Fax No	
Full Business Description	
How long has Business been established?Yrs
Area of Operation	UK / EUROPE / WORLDWIDE
No. of Employees	

POLICY DETAILS

Renewal Date		Target Premium	£
Current Insurers			
Period Held			

ACCIDENT COVER

Benefit	1 Unit of Cover	No. of Units Required
Death	£5,000	
Loss of/Loss of Use of a limb(s)	£5,000	
Loss of/Loss of Use of eye(s)	£5,000	
Loss of Speech	£2,500	
Loss of Hearing in Both Ears	£2,500	
Permanent Total Disablement	£5,000	
Temporary Total Disablement (104 weeks)	£20 p/w	

SICKNESS COVER

Benefit	1 Unit of Cover	No. of Units Required
Temporary Total Disablement	£20 p/w	

EXTENSION

Do you require cover for Loss of HGV Licence?	YES / NO
If so, for how many employees?	

CLAIMS HISTORY

	No.	Outstanding Amount	No.	Paid Amount
200				
200				
200				

Details of Individual or Large Claims:

ADDITIONAL INFORMATION